



City of Elk River Ice Arena Worker Position Description

Department: Ice Arena		Immediate Supervisor: Ice Arena Manager	
Pay Grade: \$9.00 per hour	FLSA Status: Non-Exempt	Last Updated: (date) 12/28/14	
Positions Supervised: N/A			
Position Summary The Ice Arena Worker supervises open skating and other events. Performs custodial, skate sharpening and cashiering duties. Interacts with the public.			

Essential Functions

1. Provides custodial functions of the ice arena.
 - A. Performs custodial duties to assure facility and grounds are clean and safe.
2. Performs customer service related duties.
 - A. Sharpens skates.
 - B. Acts as supervisor during open skating and other events.
 - C. Operates cash register accurately.
 - D. Checks locker rooms, following defined procedures.
 - E. Maintains a positive working relationship with peers, supervisors, and the public.
3. Performs other essential job duties.
 - A. Regular and timely work attendance.
 - B. Follows all safety procedures.
 - C. Participates in safety training.

Required Knowledge, Skills, and Abilities

- ☐ Skills in operating custodial maintenance equipment.
- ☐ Ability to communicate effectively, both orally and in writing.
- ☐ Ability to work independently.
- ☐ Ability to establish and maintain effective working relationships with co-workers, facility users, and public.
- ☐ Ability to accurately count and record money.
- ☐ Ability to operate a cash register.
- ☐ Ability to ice skate.

Minimum Qualifications

- ☐ See Required Knowledge, Skills, and Abilities above.

Preferred Qualifications

- ☐ Experience in public relationships.
- ☐ An understanding of mechanical equipment.

This Position Description is not intended to be all-inclusive. It is within the City of Elk River's discretion to assign additional duties and responsibilities or remove duties and responsibilities at any time.

This Position Description does not constitute a Contract of Employment.



APPLICATION FOR EMPLOYMENT

13065 Orono Parkway

Elk River, MN 55330

Phone and TDD 763.635.1000, Fax 763.635.1090

Website: www.ElkRiverMN.gov

The City of Elk River considers applicants for all positions without regard to race, color, creed, religion, sex, age, national origin, sexual orientation, marital status, veteran status, status with regard to public assistance, physical or mental disability, ancestry, genetic information, familial status, membership on local human rights commissions, or any other status protected by state or federal law.

1. Title of specific position for which you are applying		2. Date of Application		3. Date available for work	
4. Last Name		First Name		Middle Name	
				5. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Street Address		7. City		8. State and Zip	
9. Residence Phone		10. Business Phone		11. Cell Phone	
				12. E-mail Address	
13. Employment condition desired: (check one) (check one) Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>			14. Have you previously been employed by the City? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date _____ Position _____		
15. If position involves driving, please indicate driver's license number					
Number _____		State _____		Class _____	
16. Education. Did you graduate from high school or receive a GED? Yes <input type="checkbox"/> No <input type="checkbox"/> School Attended _____					
How many years of education have you had? (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20					
Names and locations of colleges, universities, technical schools		Did you graduate?		Certificate/degree Course of study	
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
17. Relevant current professional memberships, registrations, or licenses. _____ _____ _____					
18. Job-relevant volunteer and unpaid work experience					
Kind of volunteer activity (do not specify organization)		Major responsibilities		# Hours per month	Years From To

19. Describe any additional experience or training that qualifies you for this job _____

20. Employment History – List your present or most recent experience first. Attach additional sheets if necessary.

Employer _____	Your Title _____
Type of Business _____	Length of Employment:
Street Address _____	From: _____ To: _____
City, State, Zip _____	Total Years _____
Phone number _____	Hours Per Week _____ Last Salary _____
Supervisor's name _____	Reason for Leaving: _____
Supervisor's title _____	

May we contact this employer? Yes ☐ No ☐ If no, explain _____

Number and type of positions you supervised: _____

Principal Responsibilities - Be Complete: _____

Employer _____	Your Title _____
Type of Business _____	Length of Employment:
Street Address _____	From: _____ To: _____
City, State, Zip _____	Total Years _____
Phone number _____	Hours Per Week _____ Last Salary _____
Supervisor's name _____	Reason for Leaving: _____
Supervisor's title _____	

May we contact this employer? Yes ☐ No ☐ If no, explain _____

Number and type of positions you supervised: _____

Principal Responsibilities - Be Complete: _____

Employer _____	Your Title _____
Type of Business _____	Length of Employment: _____
Street Address _____	From: _____ To: _____
City, State, Zip _____	Total Years _____
Phone number _____	Hours Per Week _____ Last Salary _____
Supervisor's name _____	Reason for Leaving: _____
Supervisor's title _____	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain _____	

Number and type of positions you supervised: _____

Principal Responsibilities - Be Complete: _____

Employer _____	Your Title _____
Type of Business _____	Length of Employment: _____
Street Address _____	From: _____ To: _____
City, State, Zip _____	Total Years _____
Phone number _____	Hours Per Week _____ Last Salary _____
Supervisor's name _____	Reason for Leaving: _____
Supervisor's title _____	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain _____	

Number and type of positions you supervised: _____

Principal Responsibilities - Be Complete: _____

21. Word Processing/Computer Experience: Number of Years _____

 List Software and hardware you are familiar with _____

CLERICAL APPLICANTS ONLY: Typing Speed _____ WPM

22. Give the names of four people other than relatives who can be contacted regarding your qualifications, work habits and character.

NAME	PRESENT ADDRESS	TELEPHONE	POSITION AND RELATION TO YOUR WORK

Answer this question only if applying for a position within our police or fire departments:

23. Have you ever been required to register as a predatory offender, convicted of a felony, or convicted under a narcotics or controlled substance law? Yes ☐ No ☐

If 'Yes', attach a separate sheet with explanation.

Note to all applicants: All employment offers are conditioned upon the applicant passing a criminal background check. All applicants invited for an interview will be asked to provide the above information at the time of the interview. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.

24. Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? Yes ☐ No ☐

If 'Yes' to #24, are you a permanent resident of the State of Minnesota? Yes ☐ No ☐

If 'Yes' to #24, were you disabled during your service in the military? Yes ☐ No ☐ If yes, you must provide proof of disability.

25. If applying for Veterans' Preference points, state your qualifications and provide a copy of form DD214. Failure to make the disclosure and to provide form DD214 will make you ineligible for Veterans' Preference.

I have provided my qualifications for receiving Veterans' Preference Yes ☐ No ☐

I have attached a copy of form DD214 to this application Yes ☐ No ☐

26. Where did you hear about this position? _____

SIGNATURE

In connection with this application for employment, I authorize the City of Elk River and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of Elk River and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

YES ☐

YES, but not present employer until job is offered ☐

NO (We may be unable to hire you without this information) ☐

I understand that no management official other than the City Administrator, has the authority to make oral or written employment offers for a specified period of time or for specified conditions. I also understand that any document regarding my employment must be in writing and signed by me.

I understand that neither this document nor any offer of employment from the City constitutes an employment contract unless a specified document to that affect is executed by the City Administrator and me in writing. Unless a written document signed by the City Administrator and me is created, then my employment status is that of an employee at will who can quit or be terminated from work at any time for any reason. All City employees are employees at will unless covered by a labor contract or other written agreement.

The City has the right to verify information provided in the application. I certify that the answers given herein (and accompanying resume, if any) are true and complete to the best of my knowledge and I have not omitted any information. I further understand that false, misleading, or omitted information in my application form, interview(s), or resume (if any) may disqualify me for further consideration for employment or result in immediate discharge if discovered at a later date.

DATE _____

SIGNATURE OF APPLICANT (do not print) _____

**IMPORTANT FACTS ABOUT INFORMATION ON YOUR EMPLOYMENT
APPLICATION**

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2). If you become employed by the City, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the Director of Personnel by letter.

<i>Private Data</i>	<i>Why We Ask For It</i>	<i>Are You Legally Obligated To Provide It?</i>	<i>What May Happen If You Don't Provide It</i>
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions.	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
E-mail Address	To be able to contact you with updates regarding the selection process.	No	You will not receive updates as we progress through the hiring process. All applicants will be notified by postal mail once the process is complete.
Sex, Racial/Ethnic Group, Handicapped Status, Veteran Status (This information is requested on a separate form)	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

**ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY
BE GIVEN TO ANYONE FOR ANY PURPOSE.**

Employment Data Record

During application and employment, applicants and employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, sexual orientation, or public assistance.

As an employer with an Affirmative Action program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

Voluntary Survey – (please print)

Job Applied For: _____

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of an employee. This data is for statistical analysis with respect to the success of the Affirmative Action program. Submission of this information is voluntary.

Name _____	
Address _____	
City _____	State _____ Zip _____
Check One: Male _____ Female _____	
Check one of the following: (Ethnic Origin) White _____ Hispanic _____ American Indian/Alaskan Native _____ Black _____ Asian/Pacific Islander _____ Other _____	
Check one of the following: Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped _____ Not Applicable _____	



City of Elk River
13065 Orono Parkway
Elk River, Minnesota 55330
763.635.1000

Tennessee Warning/Waiver of Claims

As an applicant for the position of _____, I have voluntarily supplied data about myself that may be public and/or private in nature. Under Minnesota law the following information about you must be available to any member of the public who requests it: veteran status; relevant test scores; rank on eligibility list; job history; work availability; and education and training. Your name will not be made available to the public unless you are selected to be interviewed by the City.

I authorize the Elk River Police Department to conduct a criminal history background check to include adult and juvenile records and also a search of my driver's license record, as well as any other searches deemed necessary conditional to employment with the City of Elk River.

I understand that, as part of the selection process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from further consideration.

I understand that, even if I am hired for this position, I may be subject to dismissal or other disciplinary action if I have made an intentional effort to provide deceptive or misleading information.

I understand that this data will be kept on file for a period of one year, even if I am not hired for this position. I understand that, if I am hired, this information will remain on file with the City of Elk River.

I further understand that this information will be used by the City to aid in the determination of my relative and/or specific suitability for employment for the position stated above.

Finally, I understand that the data that I have provided may be shared in whole, or in part, by other agencies within the criminal justice system, by other private and public entities, and by other persons for the purpose of conducting a background investigation, and by all individuals in the City who need to know this information.

I, therefore, waive my right to claim and hereby agree to hold harmless the City of Elk River and the Elk River Police Department, and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

Signed: _____ Date: _____
(Full name of applicant)

Printed: _____
(Full name of applicant)

Address: _____
Street Address City State and Zip

☐ Check here if you are
less than 18 years old.

Any other names used in the past: _____

All addresses where you have lived in within the past ten years: _____

Driver's License Number: _____

Witness: _____ Date: _____